

DISCREPANCY FORM
FY 2007

Applicant Name _____ **New Jersey Certification ID#** _____

NOTE: If there are any discrepancies between your laboratory records and the information on the **Annual Certified Parameter List and Current Status**, please complete this form. Supporting documentation must be included with this form.

A = Applied, C = Certified, D = Dropped by the lab, NL = not listed

CURRENT STATUS GIVEN ON PART III	STATUS ACCORDING TO LABS RECORDS	CODE	PARAMETER DESCRIPTION	TECHNIQUE DESCRIPTION	CURRENT LISTING OF APPROVED METHOD NUMBER ON THE ACPL	APPROVED METHOD NUMBER ACCORDING TO LABS RECORDS

Signature of Manager and Date _____